



MANDATE INSTRUCTION FORM FOR NACH / DIRECT DEBIT

UMRN

Date

DD MM YYYY

Sponsor Bank Code

ESFB0000001

Utility Code

KKBK00122000014160

Create ☒Modify ☒Cancel ☒

I/We hereby authorize

EQUITAS SMALL FINANCE BANK LIMITED

to debit tick (✓)

SB ☒CA ☐CC ☐SB-NRE ☐SB-NRO ☐Others ☐

Bank A/C Number

32907747988

with Bank

State Bank of India

IFSC

SBIN0011136

or MICR

416002590

an amount of Rupees

Twenty Six Thousand Seven Hundred & Fifty Two

26752/-

Frequency

☒ Monthly☐ Qtly☐ H-yrls☒ Yrly☒ As & when presented

Debit Type

☒

Fixed Amount

☒

Maximum Amount

Ref. 1

Ref. 2

9850075855

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period

From

DD MM YYYY

To

DD MM YYYY

Or ☒ Until Cancelled

Signature of Primary Account Holder

Signature of Primary Account Holder

Signature of Primary Account Holder

Shrimant. H. Shinde Shrimant. H. Shinde Shrimant. H. Shinde

This is to confirm that the declaration has been carefully read, understood & made by me / us I am authorizing the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/corporate or the bank where I have authorized the debit.



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Period

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DD MM YYYY

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DD MM YYYY

Or ☒ Until Cancelled

Signature of Primary Account Holder

Signature of Primary Account Holder

Signature of Primary Account Holder

Name as in Bank Records

Name as in Bank Records

Name as in Bank Records

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